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L11 ANSWER 3 OF 3 SCISEARCH COPYRIGHT 2003 ISI (R) DUPLICATE 1
AN 91:156580 SCISEARCH
GA The Genuine Article (R) Number: FB578
TI TOPICAL ANTIBIOTIC-THERAPY - CURRENT STATUS AND FUTURE-PROSPECTS
AU EADY E A (Reprint); COVE J H
CS UNIV LEEDS, DEPT MICROBIOL, LEEDS LS2 9JT, W YORKSHIRE, ENGLAND (Reprint)
CYA ENGLAND
SO DRUGS UNDER EXPERIMENTAL AND CLINICAL RESEARCH, (1990) Vol. 16, No. 8, pp. 423-433.
DT Article; Journal
FS LIFE
LA ENGLISH
REC Reference Count: 74
ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS

AB As we enter a new decade, topical antibiotics are the subject of much renewed interest and are being used on a wider scale than ever before. The reasons for using topical rather than oral therapy for a variety of dermatoses include the reduced risk of systemic side effects, the avoidance of resistance selection in the gut microflora, the higher achievable concentration of antibiotic at the site of action and the overall usage of less drug. Somewhat surprisingly, treatment costs are not reduced by the use of topical therapy. The number of antibiotics licensed for topical use has increased in recent years and now includes representatives of the tetracycline, **macrolide**, lincosamide, aminoglycoside and peptide families of antibiotics in addition to fusidic acid, chloramphenicol and of antibiotics in addition to fusidic acid, chloramphenicol and pseudomonic acid. Opinions regarding the clinical efficacy of topical antibiotics are conflicting, and for most indications alternative oral therapies are available. Topical antibiotics are the drugs of choice for the elimination of nasal carriage of Staphylococcus aureus and for the therapy of **eye** and external ear infections. They are also effective in the treatment of impetigo and other superficial pyodermas and in the management of localised infected eczema. Topical preparations of erythromycin, clindamycin and tetracyeline are widely prescribed for the therapy of acne and are of clinical benefit in mild-moderate cases. However, they are no more effective against inflamed lesions than benzoyl peroxide and are less effective against non-inflamed lesions. They are not as effective as oral tetracycline in moderate to severe acne and should not be considered as a therapy for severe acne, for which 13-cis-**retinoic** acid is the drug of choice.

It is well known that many antibiotics, when used topically, especially for prolonged periods, select for antibiotic-resistant staphylococci at the skin surface. Tetracyclines, erythromycin and clindamycin also select for resistant staphylococci on the surface of intact skin when delivered by the oral route. The contribution of topical antibiotic usage to the current high level of antibiotic resistance in coagulase-negative staphylococci, which are increasingly implicated in infections of compromised hosts, has not been quantified, although it is known that cutaneous staphylococci possess a large pool of transferable resistance genes. The future usefulness of existing and new topical antibiotics will depend on our ability to understand and control the factors leading to resistance development.

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(103)

L20 ANSWER 4 OF 4 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 95:526251 SCISEARCH
GA The Genuine Article (R) Number: RM134
TI EFFECTS OF IMMUNOSUPPRESSIVE AGENTS ON GLUCOSE-METABOLISM - IMPLICATIONS FOR THE DEVELOPMENT OF POSTTRANSPLANT DIABETES-MELLITUS
AU KRENTZ A J (Reprint); DMITREWSKI J; MAYER D; NATTRASS M
CS ROYAL S HANTS HOSP, BRINTONS TERRACE, SOUTHAMPTON SO14 0YG, HANTS, ENGLAND (Reprint); GEN HOSP, CTR DIABET RESOURCE, BIRMINGHAM B4 6NH, W MIDLANDS, ENGLAND; QUEEN ELIZABETH HOSP, LIVER UNIT, BIRMINGHAM B15 2TH, W MIDLANDS, ENGLAND
CYA ENGLAND
SO CLINICAL IMMUNOTHERAPEUTICS, (AUG 1995) Vol. 4, No. 2, pp. 103-123. ISSN: 1172-7039.
DT General Review; Journal
FS CLIN
LA ENGLISH
REC Reference Count: 159
ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS

AB Diabetogenic effects have been ascribed to several drugs currently used for immunosuppression following organ transplantations, including corticosteroids, **cyclosporin** and **tacrolimus** (FK-506). Azathioprine appears to be devoid of adverse effects on carbohydrate metabolism.

The pathogenesis of immunosuppression-associated diabetes mellitus has not been clearly defined, and may be multifactorial in organ transplant recipients. Metabolic similarities between post-transplant diabetes and non-insulin-dependent diabetes mellitus include defective insulin secretion and impaired insulin action in target tissues. The predominant effect of corticosteroids is induction of a state of insulin resistance. **Cyclosporin** and **tacrolimus** have been shown to inhibit endogenous insulin secretion and may also have adverse effects on tissue sensitivity to insulin.

Postoperative diabetes mellitus developing de novo is a frequent complication of organ transplantation. Treatment with diet, oral antidiabetic agents or insulin may be necessary. Postoperative diabetes may be a transient phenomenon in some patients, whereas others may require long term. insulin treatment. Although clinically overt diabetes is readily diagnosed, the prevalence of subclinical degrees of glucose intolerance may be higher than is currently recognised.

The long term clinical implications of immunosuppression-associated glucose intolerance and diabetes are uncertain and rely on extrapolations from studies in non-transplant populations. Patients with impaired glucose tolerance may have an increased probability of progression to diabetes mellitus, whereas long term diabetes carries the risk of tissue damage from specific microvascular complications, i.e. diabetic **retinopathy**, neuropathy and nephropathy. Epidemiological and experimental studies have implicated glucose intolerance and hyperinsulinaemia as risk factors for atherosclerosis. Hypertension and atherogenic plasma lipid profiles are also frequently encountered in transplant recipients treated with **cyclosporin**, **tacrolimus** and corticosteroids. Thus, patients treated with these drugs, particularly in combination, may possess a multiplicity of risk factors for macrovascular disease. These factors may be relevant to the development of accelerated atherosclerosis that occurs in renal and cardiac transplant recipients. However, their contribution to post-transplant macrovascular disease is uncertain at present.

Carefully designed prospective studies will be necessary to determine the natural history of postoperative diabetes in organ transplant recipients. We recommend that future clinical studies of immunosuppressive agents should avoid arbitrary diagnostic criteria for diabetes and should incorporate rigorous methods for the assessment of glucose tolerance, insulin secretion and insulin action. Modifications of existing

immunosuppressive drug regimens may reduce the incidence or severity of postoperative diabetes. Elucidation of the molecular mechanisms responsible for this metabolic complication should provide a more logical basis for prevention and treatment.